

**ROSTER FOR
COMMERCIAL PESTICIDE APPLICATOR
RECERTIFICATION POINT SYSTEM IN TENNESSEE**
(Sign For Points ONLY)

Meeting

Title: _____ Session: _____ Date(s): _____
(Title, location, and date should correspond with those on Application) (If Applicable)

Location(s): _____ Time: _____ - _____ Training: _____
(From) (To) *Internal* ☐
External ☐

Type of Training:

☐ Conference/Short Course ☐ Seminar ☐ Correspondence Course ☐ Class ☐ In-Service Training ☐ Workshop ☐ Field Day ☐ (Other) _____
(Use two lines if necessary)

Name - (Please Print Legibly)	Home Address	County	Certification I.D. Number or SS Number	E-mail Address (Home or Business)

Mail Roster To: Pesticide Certification Supervisor, TDA, P.O. Box 40627, Porter Bldg., Melrose Station, Nashville, TN 37204

(Signature of Person Verifying Attendance)

Program Chairperson Signature:	Address:	E-Mail Address (Home or Business)	Telephone:	Date:

EPP Info 81 B

(Use Two Lines If Necessary)

EPP Info 81, Commercial

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R12-1040-018-03

COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS
The University of Tennessee Institute of Agriculture, U.S. Department of Agriculture, and county governments
cooperating in furtherance of Acts of May 8 and June 30, 1914.
Agricultural Extension Service
Charles L. Norman, Dean

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